Suggested Adult Enteral Feeding Protocol for the Patient with Obesity:
Sample Order Set

**Enteral Feeding Initiation**
Check appropriate order(s)

- ☐ RD Nutrition Consult for nutrition assessment, feeding recommendations, tolerance assessment and tracking of cumulative calorie deficit.
  
  Suggested energy and protein:
  
  - Class I-III: 11-14 kcal/kg actual body weight or 22-25 kcal/kg ideal body weight;
  - Class I-II: (BMI 30-39.9) ≥ 2.0 gm pro/kg ideal body weight;
  - Class III: (BMI > 40) ≥ 2.5 gm pro/kg ideal body weight.

  Utilize standard protein recommendations for existing disease states such as hepatic insufficiency and renal disease without renal replacement therapy.

- ☐ Insert nasogastric feeding tube and verify tube placement with abdominal film;
  
  OR

  - ☐ Consult GI or Tube Team for specialized feeding tube placement (check one):
    - nasogastric
    - nasojejunal
    - percutaneous gastrostomy
    - percutaneous jejunostomy.

- ☐ Verify tube placement.

- ☐ If patient has had nothing by mouth for >10 days, monitor for Refeeding Syndrome.

**Formula Selection and Infusion Method**
Check appropriate order(s)

- ☐ Prescribing Physician
  
  OR

- ☐ Registered Dietitian

- ☐ Early initiation (within 24-48 hrs.) of very high protein formula. PEPTAMEN® Intense VHP or the appropriate Class I-III obese patient population.

- ☐ For patients with major elective surgery, trauma, burns, head and neck cancer, provide 1 pkt ARGINAID® mixed with 120-180 mL water via tube t.i.d.

- ☐ Select formula: PEPTAMEN® Intense VHP Or __________________________ formula
  
  OR

  - ☐ Defer to RD for Formula Selection.

- ☐ Select infusion method:
  
  - ☐ Continuous feeding:
    - Begin________ mL/hour full strength and advance 25 mL/hour every 8 hours as tolerated to goal rate:
    - (Specify)________ mL/hour.
  
  - ☐ Bolus feeding:________ mL every________ hours.

  - ☐ Volume based feeding:________ mL daily; nurse to infuse over available hours/day, not exceeding 280 mL/hour for gastric feeding and 150 mL/hour post-pyloric feeding.

- ☐ Select free water flush:
  
  - ☐ 200 mL/shift
  
  OR

  - ☐ _______mL free water every ________hour.

**Routine Nursing Orders**

- ☐ Mouthwash swab application 10 mL chlorhexidine to mucous membrane twice daily.

- ☐ Record accurate initial height and daily weight on graphics.

- ☐ Keep head of bed elevated 30-45 degrees at all times, unless contraindicated.

- ☐ For clogged feeding tube, instill one 8,000 unit crushed pancrelipase tablet and 324 mg crushed sodium bicarb tablet with 10 mL warm water as needed _____time(s).

  - ☐ Record stool frequency.

  - ☐ DO NOT stop feeds for residuals < 500 mL where there are no other signs of intolerance.

  - ☐ Gastric residual aspirate of <500 mL should be returned to the patient when no accompanying signs of intolerance are present.

  - ☐ Flush with 50 mL water every 4 hours to keep feeding tube patent, if flush is not ordered elsewhere.

  - ☐ Flush feeding tube with 10 mL at beginning and ending of feedings, after gastric residual aspiration and before/after medication administration.

  - ☐ Nurse to resume feeding once tube placement has been confirmed by radiologist or physician responsible for care.

  - ☐ Do not stop tube feedings for diagnostic tests, usual nursing care, or routine bedside procedures unless specifically ordered by the physician.

**Optional Orders**
Check appropriate order(s)

- ☐ Monitor blood glucose every ____hours (default is every 6 hours).

  - ☐ Call physician if blood glucose is greater than _____mg/dL or less than _____mg/dL.

- ☐ For inadvertent gastric enteral feeding tube removal, nurse may reinsert tube and order abdominal x-ray for placement confirmation.

- ☐ Metoclopramide 10 mg IV or IM or PO every 6 hours, if indicated/tolerated for increased gastric motility.

- ☐ Erythromycin 1–2 mg/kg IV every 8 hours or 125–250 mg liquid oral suspension twice daily, if indicated/tolerated for increased gastric motility.

- ☐ When tube feeding is discontinued and diet is advanced to oral intake, consider supplementation with OPTISOURCE® Very High Protein drink as part of the transitional diet until patient is able to consume 100% of protein and calorie requirements from standard oral diet.

### Enteral Nutrition Evaluation for the Patient with Obesity (BMI ≥ 30)

#### STEP 1

- **NO** Are there contraindications for tube feeding?
  - Within 48 hours of admission, utilize PEPTAMEN® Intense VHP at continuous feeding rate, bolus feeding or volume-based feeding rate, to meet suggested protein and energy requirements. Consider supplemental ARGINAID® L-arginine tube flushes twice daily in those patients with wounds.

- **YES**
  - Consider PN if evidence of protein-calorie malnutrition present; OR If malnutrition not present, initiate PN after 1st 7 days of hospitalization.

#### STEP 2

- **NO** Is there evidence of hepatic disease or renal insufficiency without renal replacement therapy?
  - **ENERGY**
    - BMI 30-50: 11-14 kcal/kg actual body weight/day
    - BMI > 50: 22-25 kcal/kg ideal body weight/day
  - **PROTEIN**
    - BMI 30-40: ≥ 2.0 g/kg ideal body weight/day
    - BMI ≥ 40: Up to 2.5g/kg ideal body weight/day

- **YES** Utilize protein and calorie recommendations for existing disease states.

#### STEP 3

- **NO** Can patient transition to oral diet following successful tube feeding period?
  - Continue PEPTAMEN® Intense VHP tube feeding, as tolerated.

- **YES** Consider a high protein, calorie-controlled diet and supplement with a high protein nutritional drink such as OPTISOURCE® Very High Protein drink in the hospital or BOOST Calorie Smart® for home setting.

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Please Note: These are suggested guidelines for enteral feeding based on various clinical references. They are not intended as a substitute for medical advice or existing facility protocols.